



Mitchell E. Daniels, Jr
Governor

Edwin G. Buss
Commissioner

MADISON JUVENILE CORRECTIONAL FACILITY

1130 MSH 4th Street – Madison, Indiana 47250
Phone: (812) 265-6154 – Fax: (812)

Angela Sutton
Superintendent

Please read through this information and send back the Facility
Information Sheets. Any paper you fill out needs to be sent back to:

Madison Juvenile Correctional Facility

1130 MSH 4th St.

Madison, In 47250

Any Questions please call at: 812-265-6154

Facility Information Sheet

Please fill out this form and mail to:

Intake Counselor
Madison Juvenile Correction Facility
1130 MSH 4th Street
Madison, In 47250

Students Name: _____

SS# _____ (MUST INCLUDE SOCIAL SECURITY #)

Name of person giving information and relationship: _____

Your telephone number and/or number where you can be reached:

Is student receiving social security benefits? _____

If yes, please give name of person from who benefits are received:

Name: _____ Address: _____

Father's Name/Address: _____

Stepmother's Name _____

Mother's Maiden Name & Current Last Name/Address: _____

Stepfather's Last Name: _____

Brother(s) Name(s) and Age(s): _____

Sister(s) Name(s) and Age(s): _____



INDIANA DEPARTMENT OF CORRECTION

Application for Visiting Privileges

State Form 14387 (R2/7-08)

INSTRUCTIONS - 1. Please Print 2. All spaces must be completed 3. Sign the application 4. Return application to the offender's counselor as indicated at the bottom of this document 5. Do not attempt to visit until the offender notifies you that your application was approved 6. Submit legible copy of photo ID (16 & older) 7. Children 15 & under must submit a legible copy of their birth certificate. 8. A separate application must be submitted for each applicant, including children.

Offender Information	Offender Name:	DOC Number
-----------------------------	----------------	------------

The above named offender has requested that you be added to his/her list of approved visitors. In order for this to be done, you must follow the directions above and YOU (or parent/guardian) must properly complete this application and return it to the facility to the attention of the counselor of the offender's housing unit (do not return it to the offender). If you are approved to visit, it will be the offender's responsibility to notify you and then send to you a copy of the rules for visitation. We DO NOT give out this information by telephone.

Applicant's Name: Last, First, Middle	Current Address (Must match ID Used)
---------------------------------------	--------------------------------------

Driver's License Number & State of Issue #: _____ State: _____	State ID No. & State of Issue or other approved ID No./Type #: _____ State: _____ Type: _____	Race _____
---	--	---------------

Date of Birth (MM/DD/YYYY): _____	Telephone Number with area code: _____
-----------------------------------	--

Are you related to this offender? <input type="checkbox"/> Yes <input type="checkbox"/> No	If related, how (must be immediate family)? _____
--	---

Immediate family limited to mother, father, siblings, spouse, children, grandparents, grandchildren, including those with "step", "half", or adoptive relationships, aunt, uncle and those persons with the same relationship to the offender's spouse. Immediate family and 2 friends, up to a maximum of 12 persons will be allowed on the offender's contact list.

Applicant under 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	*Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---

*Are you on parole/probation? <input type="checkbox"/> Yes <input type="checkbox"/> No	*Do you have any pending charges against you? <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

*Have you ever been incarcerated in a penal facility in any state or any country? ☐ Yes ☐ No If yes, list where and why here.

Where: _____ Why: _____

(Attach additional sheet if necessary)

If the response to any question above marked (*) is "yes", you must submit a special request for visitation privileges to the Superintendent of the appropriate facility. If you are on parole/probation, you must also submit written approval from your Parole/Probation Officer.

Are you currently or formerly an employee of the Indiana Department of Correction or any Correctional facility in any state? ☐ Yes ☐ No If "yes", please give the location and the last date of employment:

Location: _____	Last Date Employment: _____
-----------------	-----------------------------

Are you on any other offender's visiting list? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes": Relationship: _____ Offender DOC#: _____ Name: _____	Are you now or have you ever been a volunteer at an IN correctional facility? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes": Facility: _____ Volunteer Type: _____
---	--

ANY FALSIFICATION OF INFORMATION ON THIS APPLICATION FOR VISITATION PRIVILEGES WILL RESULT IN IMMEDIATE SUSPENSION OF VISITATION PRIVILEGES AT ALL INDIANA DEPARTMENT OF CORRECTION FACILITIES.

By your signature below you are indicating that:

- You have read, understand and agree to abide by all rules set forth by the Department of Correction in order to visit any offender at any Department facility.
- You understand that you, your property and your vehicle while on Department of Correction grounds are subject to search, including frisk searches and the use of metal detectors, ion scanning equipment and/or search dogs. You WILL be searched before being allowed to enter the visiting area. Refusal to submit to a search will result in you not being allowed to visit and you will be required to leave the facility immediately. Such refusal may restrict your ability to visit any offender in any Department of Correction facility.
- You understand that a criminal warrants check will be performed on you before you are allowed to visit
- You understand that possession of any firearms, weapons, knives, ammunition, narcotics, controlled substances, alcoholic beverages, marijuana, tobacco or tobacco related items or electronic devices, including cellular telephones, pagers or other communication devices is strictly prohibited. Medication and money/currency may only be possessed in accordance with Department rules.
- You understand that visits are monitored and videotaped.
- You certify that all of the information provided on this application is true, correct and as up to date as possible to the best of your knowledge and that you will notify the facility of any changes of address, telephone number, etc..

Applicant's Signature: _____	Date (MM/DD/YYYY): _____
------------------------------	--------------------------

Signature of Parent/ Legal Guardian (if under 18): _____	Date (MM/DD/YYYY): _____
--	--------------------------

FOR OFFICE USE ONLY	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature of reviewing authority (Legible please): _____
---------------------	---	--

Return To:	Facility Name & Address: _____	Attention Counselor of Housing Unit
------------	--------------------------------	--



AUTHORIZATION FOR MINOR CHILD TO VISIT

State Form 48965 (6-98)

TO: SUPERINTENDENT

FACILITY: _____

OFFENDER: _____ NUMBER: _____

NAME OF MINOR CHILD(REN) AND AGE

This document authorizes that the above name child(ren) is (are) authorized to visit the above named offender who is related to them as _____. As the parent/legal guardian of this/these child(ren),

hereby authorize the child(ren) to accompany the following person during this visit: _____

Relationship) _____

I am fully aware that the above named offender is housed in a correctional facility and that any visits will occur within the correctional facility and in accordance with the facility's offender visitation procedures.

Signature of Parent/Legal Guardian

Date

Printed name of Parent/Legal Guardian

Before me, a Notary Public in and for said County and State personally appeared, _____,

who acknowledged the truth of the statements in the foregoing affidavit on this _____ day of _____, 19 ____.

Signature of Notary Public

County of residence

Printed name of Notary Public

Commission expiration date

*When submitting this State Form the parent/legal guardian must attach a copy of the child's birth certificate.



INDIANA DEPARTMENT OF CORRECTION

Facility/Parole District/Central Office

Reason For Background Check

By the person's signature on this letter, he/she is aware of and has agreed to a criminal history check through the Indiana Department of Correction as part of a background investigation. This person is aware that the information received will be considered in our determination of approval or denial of employment, volunteer and visitation that this information will only be shared on a need to basis.

Please **print** clearly and fill in with the correct information.

Last name	First	Middle	Maiden
Street Address	City	State	Zip Code
Address last five years	City	State	Zip Code
Date of Birth	State of Birth	Social Security number	Driver License Number
State of Driver License	Sex	Race	Weight
Height	Hair	Eyes	Felony conviction yes _or no_ If yes ,explain on back
Last Employer	Address	City	State

Signature of Applicant

Authorization Signature

JUVENILE DEVELOPMENTAL HISTORY QUESTIONNAIRE

Instructions: To be completed by parent(s) or primary caregiver and returned to the Mental Health Department at the Youth's current correctional facility. Please carefully review all questions and answer to the best of your ability. Notably, not all questions will apply to your child/dependent. A mental health professional assigned to your child/dependent may contact you to clarify answers or obtain further information.

Please describe **emotional/behavioral concerns** about Youth, as they apply:

- ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADD/ADHD)

Please describe the age of **onset** for behaviors that you think may be associated with ADD/ADHD: ____ years-old

Please describe the **severity** of such behaviors:

____ mild ____ mild-moderate ____ moderate
____ moderate-severe ____ severe ____ incapacitating

Please describe the current **status** of such behaviors:

____ worse ____ no change ____ improved ____ resolved

Please describe the current **frequency** of such behaviors:

____ random ____ constant ____ daily ____ weekly ____ monthly

Please describe the Youth's **quality of life**:

____ yes ____ no Behaviors create problems at home
____ yes ____ no Behaviors create problems at school
____ yes ____ no Behaviors create problems at work
____ yes ____ no Behaviors create problems socially

Other _____

Please describe the **context** of such behaviors:

____ yes ____ no Behaviors have persisted for greater than 6 months
____ yes ____ no Behaviors began before age 7 ____ yes ____ no Lead exposure

Other _____

Please describe **aggravating** factors:

____ yes ____ no Deadlines ____ yes ____ no Distractions ____ yes ____ no Stress
____ yes ____ no Tasks requiring attention to detail ____ Nothing

Other _____

Please describe **relieving** factors:

____ yes ____ no Behavior therapy ____ yes ____ no Dietary modification
____ yes ____ no Stimulant medications ____ Nothing

Other _____

Please describe **context/risk factors** associated with Youth's past medical/psych history:

☐ alcohol use ☐ childhood abuse or neglect

☐ death of a friend or loved one ☐ financial worries

☐ medication

☐ recent childbirth ☐ relationship problems

☐ social isolation ☐ substance abuse

☐ unemployment ☐ victim of abuse or violence

Other _____

Please describe the Youth's **level of functioning** with difficulty in meeting home, work, or social obligations:

☐ extremely ☐ not at all ☐ somewhat ☐ very

Please describe **aggravating** factors:

☐ alcohol use ☐ conflict or stress at home or work

☐ lack of sleep ☐ medications ☐ traumatic memories

☐ winter season ☐ Nothing

Other _____

Please describe **relieving** factors:

☐ alcohol ☐ conversing ☐ drugs ☐ exercise ☐ light

☐ medication ☐ nothing ☐ rest ☐ spring season

Other _____

Please describe **associated symptoms**:

☐ yes ☐ no Anxious, fearful thoughts

☐ yes ☐ no Compulsive thoughts or behaviors

☐ yes ☐ no Depressed mood

☐ yes ☐ no Diminished interest or pleasure

☐ yes ☐ no Fatigue or loss of energy

☐ yes ☐ no Feelings of guilt or worthlessness

☐ yes ☐ no Hallucinations

☐ yes ☐ no Manic episodes

☐ yes ☐ no Panic attacks

☐ yes ☐ no Poor concentration, indecisiveness

☐ yes ☐ no Restlessness or sluggishness

☐ yes ☐ no Significant change in appetite (weight loss or gain >5%)

☐ yes ☐ no Sleep disturbance

☐ yes ☐ no Thoughts of death or suicide

☐ No associated symptoms

Other _____

Additional **comments**:

Please describe **associated symptoms** or behaviors displayed by the Youth:

Additional **comments**:

- OTHER AREA OF CONCERN _____ (such as anxiety, trauma, psychosis, self-harm, violence toward others)

Please describe the age of **onset** for behaviors that you think may be associated with the other area of concern: _____ years-old

Please describe the **severity** of such behaviors:

____ mild ____ mild-moderate ____ moderate ____ moderate-severe
____ severe ____ incapacitating

Please describe the current **frequency** of such behaviors:

____ 2 times per week	____ 3 times per week	____ All the time
____ Almost all the time	____ Almost always	____ Almost never
____ Always	____ Constantly	____ Daily
____ Every month	____ Every two months	____ Frequently
____ Intermittently	____ Never before	____ Morning only
____ Night only	____ Occasionally	____ Persistently
____ Rarely	____ Weekly	____ No pattern

Other _____

Please describe the current **status** of such behaviors:

____ Improved	____ Improvement, gradual	____ Improvement, rapid
____ Improvement, steady	____ No change	____ No relief
____ Relief, temporary	____ Resolution of problem	____ Worse
____ Worse, gradually	____ Worse, rapidly	____ Worse, steadily

Please describe the Youth's **level of functioning** with difficulty in meeting home, work, school, or social obligations:

____ extremely ____ not at all ____ somewhat ____ very

• SOCIAL HISTORY

Youth **primarily** resides with:

<input type="checkbox"/> Mother (biological)	<input type="checkbox"/> Father	<input type="checkbox"/> 2 mother's
<input type="checkbox"/> Two fathers	<input type="checkbox"/> Adoptive mother	<input type="checkbox"/> Adoptive father
<input type="checkbox"/> Stepmother	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Foster mother
<input type="checkbox"/> Foster father	<input type="checkbox"/> Aunt	<input type="checkbox"/> Uncle
<input type="checkbox"/> Grandmother	<input type="checkbox"/> Grandfather	<input type="checkbox"/> Sister(s)
<input type="checkbox"/> Brother(s)	<input type="checkbox"/> Half sister(s)	<input type="checkbox"/> Half-brother(s)
<input type="checkbox"/> Multiple families	<input type="checkbox"/> Stepbrother(s)	
Other _____		

Youth's **secondarily** resides with:

<input type="checkbox"/> Mother (biological)	<input type="checkbox"/> Father	<input type="checkbox"/> 2 mother's
<input type="checkbox"/> Two fathers	<input type="checkbox"/> Adoptive mother	<input type="checkbox"/> Adoptive father
<input type="checkbox"/> Stepmother	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Foster mother
<input type="checkbox"/> Foster father	<input type="checkbox"/> Aunt	<input type="checkbox"/> Uncle
<input type="checkbox"/> Grandmother	<input type="checkbox"/> Grandfather	<input type="checkbox"/> Sister(s)
<input type="checkbox"/> Brother(s)	<input type="checkbox"/> Half sister(s)	<input type="checkbox"/> Half-brother(s)
<input type="checkbox"/> Multiple families	<input type="checkbox"/> Stepbrother(s)	
Other _____		

Please describe Youth's **tobacco exposure**:

☐ yes ☐ no Smokers at home ☐ yes ☐ no Smoke outside only

Please describe typical **child care** arrangements for Youth:

<input type="checkbox"/> Mother	Days per week _____	<input type="checkbox"/> Father	Days per week _____
<input type="checkbox"/> Grandparent	Days per week _____	<input type="checkbox"/> Sibling	Days per week _____
<input type="checkbox"/> Nanny	Days per week _____	<input type="checkbox"/> Daycare	Days per week _____
<input type="checkbox"/> Sitter	Days per week _____		

Daycare facility name: _____

Please describe Youth's **hand dominance**:

☐ Right ☐ Left

Please describe Youth's **parent/caretaker's occupation**:

Father's occupation _____

Caretaker's occupation _____

Mother's occupation _____

Please describe Youth's **parents' relationship**:

<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated
<input type="checkbox"/> Never together	<input type="checkbox"/> Father incarcerated	<input type="checkbox"/> Mother incarcerated

Firearms kept for:

☐ Recreation ☐ Hunting ☐ Occupation ☐ Protection

Comments related to firearms:

Please describe Youth's **education**:

School name _____

Grade in school _____

Grades earned:

☐ All A's ☐ A's and B's ☐ B's ☐ B's and C's ☐ C's
☐ C's and D's ☐ D's and F's ☐ All F's

☐ yes ☐ no Learning disability

If yes, please describe:

☐ Articulation disorder ☐ Dyscalculia ☐ Dyslexia
☐ Expressive language disorder ☐ Motor skills disorder
☐ Receptive language disorder ☐ Writing disorder

Other _____

☐ yes ☐ no Special needs

If yes, please describe:

☐ ADD/ADHD ☐ Behavior problems ☐ Excessive absences
☐ Failing ☐ IEP in place ☐ IEP pending
☐ Math ☐ Math and reading ☐ Physical disability
☐ Reading ☐ Special needs classroom ☐ SPED/LD
☐ Speech

☐ yes ☐ no Gifted program

Performing:

☐ Below grade level ☐ At grade level ☐ Above grade level

☐ yes ☐ no Likes school ☐ yes ☐ no Truancy

Youth's educational goals:

☐ Get a job ☐ College ☐ Graduate from high school
☐ Military career ☐ Professional school

Other _____

☐ yes ☐ no Repeated grades

Grade(s) repeated _____

Why _____

Further **detail** about Youth's type of activities:

☐ After school program ☐ Chorus ☐ Drama ☐ Musical instrument

☐ School club

Other _____

☐ yes ☐ no Youth had a job prior to incarceration

If yes, how many hours worked per week _____

☐ yes ☐ no Youth has a TV in the bedroom

If yes, how many hours of TV/computer games per day _____

Please describe Youth's recent travels:

☐ Out of state Where _____

☐ Out of country Where _____

☐ Travel exposure To what _____

• **ADDITIONAL SOCIAL HISTORY**

Please describe Youth's history of **tobacco use**:

☐ yes ☐ no ☐ formerly

If yes, what type of tobacco:

☐ Chewing Amount per day _____

☐ Cigarettes Amount per day _____

☐ Smokeless (dip) Amount per day _____

If formerly, year quit:

Chewing _____ Cigarettes _____ Smokeless _____

Please describe Youth's history of **alcohol use**:

☐ yes ☐ no ☐ formerly

If yes or formerly, age started: _____

If formerly, year quit: _____

If yes or formerly, what type(s) of alcohol: _____

Frequency:

☐ Daily ☐ Weekly ☐ Monthly

☐ Yearly ☐ Occasionally ☐ Socially

Amount per day: _____

Last drink: _____

Sought treatment for alcohol abuse:

☐ yes ☐ no Date of last treatment: _____ Number of times: _____

Had withdrawal problems, seizures or blackouts from alcohol or drugs:

☐ yes ☐ no

Involved in a 12-step program

☐ yes ☐ no If yes, ☐ currently or ☐ formerly

Emergency medical attention required due to intoxication:

☐ yes ☐ no If yes, number of times _____

Family history of alcoholism:

☐ yes ☐ no Family members: _____

Offender 1 _____ Type: ☐ physical ☐ sexual ☐ verbal
Offender 2 _____ Type: ☐ physical ☐ sexual ☐ verbal
☐ yes ☐ no Offender in home ☐ yes ☐ no Restraining order in place

☐ yes ☐ no Suspected child abuse

Suspected offender 1 _____

Type: ☐ physical ☐ sexual ☐ verbal

Suspected offender 2 _____

Type: ☐ physical ☐ sexual ☐ verbal

☐ yes ☐ no Has Youth ever been placed in a girls'/boys' home or foster home

☐ yes ☐ no Has Youth been convicted of a sexual offense

Please describe Youth's **child neglect history**:

☐ yes ☐ no History of neglect Offender: _____

Reason: _____

☐ yes ☐ no Suspected neglect Offender: _____

Reason: _____

☐ yes ☐ no DCS involvement Case Worker _____

Phone _____

Please describe Youth's **incarceration history**:

☐ yes ☐ no History of incarceration

Duration of incarceration from [dates] _____ to _____

Crime convicted of _____

Duration of probation [dates] _____ to _____

Duration of incarceration from [dates] _____ to _____

Crime convicted of _____

Duration of probation [dates] _____ to _____

Duration of incarceration from [dates] _____ to _____

Crime convicted of _____

Duration of probation [dates] _____ to _____

Duration of incarceration from [dates] _____ to _____

Crime convicted of _____

Duration of probation [dates] _____ to _____

Please describe Youth's **psychiatric history**:

Diagnosis/Problem _____
Date of onset _____
Type of treatment (counseling, meds) _____
Date of treatment _____
Treatment setting (hospital, outpatient) _____
Name of provider _____
Treatment outcome:
___ Failed ___ Improved ___ Resolved ___ Successful ___ Worsened
Other _____
Comments _____

Diagnosis/Problem _____
Date of onset _____
Type of treatment (counseling, meds) _____
Date of treatment _____
Treatment setting (hospital, outpatient) _____
Name of provider _____
Treatment outcome:
___ Failed ___ Improved ___ Resolved ___ Successful ___ Worsened
Other _____
Comments _____

Diagnosis/Problem _____
Date of onset _____
Type of treatment (counseling, meds) _____
Date of treatment _____
Treatment setting (hospital, outpatient) _____
Name of provider _____
Treatment outcome:
___ Failed ___ Improved ___ Resolved ___ Successful ___ Worsened
Other _____
Comments _____

If applicable, please list Youth's **allergies**:

Please describe Youth's **nutritional status**:

___ Number of meals per day
___yes ___no Decreased appetite Duration of decreased appetite ___
___yes ___no Weight gain Timeframe ___ Amount ___
___yes ___no Weight loss Timeframe ___ Amount ___

• **DEVELOPMENTAL HISTORY**

Please describe Youth's **pregnancy/birth history**:

Antenatal:

Maternal age during pregnancy ___ Estimated date of conception ___
Marital status ___ Lived w/father of baby ___

___yes ___no Prenatal care given
___ Normal ___ Abnormal Ultrasound results
Describe any abnormal results below:
___ Birth marks ___ Cardiac abnormalities ___ Down syndrome markers
___ GI abnormalities ___ Musculoskeletal abnormalities ___ Neuro abnormalities
___ Renal abnormalities ___ Other ___

___yes ___no Maternal illness/complications

If yes, please describe below:

___ Gestational diabetes ___ Pregnancy-induced hypertension
___ Sickle cell disease ___ Diabetes (NIDDM)
___ Hypertension ___ Sickle cell trait
___ Diabetes (IDDM) ___ Eclampsia
___ Underlying cardiac disease ___ Underlying renal disease
___ Surgery during pregnancy
Other ___

___yes ___no Maternal infections

If yes, please describe below:

___ Rubella ___ Parvovirus ___ Urinary tract ___ B strep
___ Syphilis ___ Hepatitis B ___ CMV ___ HIV
Other ___

Please list any medications taken during pregnancy:

Please describe Youth's interactions with family members:

☐ Supportive ☐ Strained ☐ Dysfunctional
☐ No family ☐ Estranged (separated, not speaking, or on bad terms)
Other _____

Please describe Youth's **family resources/strengths**:

Please describe Youth's **strengths/coping skills/resources/support network**:

How does Youth handle anger:

How does Youth handle stress:

Who comprises Youth's current support network:

☐ none ☐ case worker ☐ children ☐ clergy
☐ father ☐ friends ☐ mother ☐ neighbors
☐ siblings ☐ significant other
Other _____

What are Youth's resources:

Please describe Youth's **significant life events**:

History of trauma _____

History of emotional abuse _____

TO: Parent or Guardian
FROM: Angela Sutton, Superintendent
RE: Immunization Records and Medical Records

The Madison Juvenile Correctional Facility is required by State Law to follow health care immunization standards.

A copy of your child's immunization records should be forwarded to the Madison Juvenile Correctional Facility Health Care Services within one (1) week of their admission.

If your child's immunization record is not received in the Madison Juvenile Correctional Facility Health Care Services Department within twenty (20) days from their admission, the complete series of immunizations will be re-started. Please avoid having your child restart these immunizations by forwarding, within the allotted time, to the Madison Juvenile Correctional Facility Health Care Services Department, a valid copy of their current immunization records.

If they are not received, the entire series will be restarted.

The immunization records must be a photo static-copy from the physician's office or school program. These records must have specific dates or they are not valid.

We are also requesting that you send only pertinent medical information that may be necessary for the continuing health care needs of your child.

Any information concerning your child's health status, medical reports, or results of test and/or procedures may only be obtained through a physician's request to the Madison Juvenile Correctional Facility Health Care Services Department. Medical information cannot be given to anyone over the telephone by any Health Care Service Staff.

The request for information must include your child's name and the physician's signature.

We appreciate your understanding and cooperation.

MADISON JUVENILE CORRECTIONAL FACILITY

ORIENTATION FOR VISITS

Arriving at the Facility

All vehicles entering the Facility are subject to search. Anyone refusing a search of their vehicle will be required to exit the Facility immediately. Visitors to the Facility are not permitted to bring the following items inside the Facility.

Firearms	Alcoholic Beverages
Knives	Marijuana
Ammunition	Controlled Substances
Weapons	Cameras
Narcotics	Video or Audio Recorders
Medication	Electronic Devices – including hand-held video games
Radios	Tape recorders
Pagers	Cellular Telephones
Tobacco	Tobacco related items
Blackberries	

Cellular telephones, blackberries and pagers must be secured in your vehicle. They may not be brought into the Facility.

Medication is not permitted unless it is life saving or life-sustaining, such as nitroglycerin pills, oxygen bottles, bee sting kits, inhalers, etc.

It is important to understand that someone who may just be dropping you off at the Facility, and / or picking you up at the Facility are subject to the same rules for entering the Facility as a visitor.

Current employees of the Department of Correction must have written permission from the Superintendents of both facilities prior to being allowed to visit. Ex-employees who have been terminated from employment or who resigned prior to be terminated or while under investigation for violation of Department policy shall not be permitted to visit any students.

Ex-Students and Students currently on parole or probation must have permission from both their supervising agents and the Superintendent of the Facility before being allowed to visit. Such visits will be limited to immediate family members on.

The Indiana Department of Correction prohibits smoking on the grounds of any Facility. You may not smoke cigarettes outside or in your vehicle on State Grounds.

Application for Visitation:

In order for family members and friends to visit students, they must complete an application for visitation. The facility shall use State Form 14387 APPLICATION FOR VISITING PRIVILEGES, to provide visitors with the necessary information regarding visitation. The Facility Orientation Packet to include State Form 14387 Application for Visiting Privileges shall be mailed out by the Records Rooms Clerk to family members and friends that the student wants to have approved to visit.

All adult visitors (18 years and older) must complete the application and mail it back in to the facility. Faxes of the application are not acceptable. It is important that the application is completed fully and all questions are answered honestly. Failure to provide all necessary information may result in a delay in the processing of the application or a denial of visitation privileges. Falsifying an application shall result in the applicant being banned from all correctional facilities for a period of one (1) year.

Visitors shall be permitted to visit only one (1) student within the Department unless the visitor has other immediate family members incarcerated in a Department facility. Visitors may request that they be removed from one (1) student's Visitor's List and be placed on another student's list in accordance with these administrative procedures.

This application, once approved, shall allow access to the facility to visit the designated student. The signature of the visitor acknowledges agreement to all rules and regulations included in this policy and operational procedure, including criminal background checks.

Children less than 18 years of age must be listed on the application of their parent/legal guardian, or an adult visitor who has the notarized permission of the child's parent or legal guardian who has custody of the child (not the student). State Form 48965, AUTHORIZATION FOR MINOR CHILD TO VISIT, shall be used for this purpose. The parental authorization form must be notarized by a Notary Public. When submitting State Form 48965, the parent/legal guardian must attach a copy of the child's birth certificate.

Criminal history checks will be conducted on each adult and child (12 and older) applying to visit an student. When a criminal history is found, the application will be reviewed and a decision made on a case-by-case basis.

The information on the applicant's criminal history is treated as confidential and will not be released to the student.

Once a decision is made either approving or denying the application, the student shall be notified. The counselor is responsible for advising applicants that their applications have been approved or denied. The applicant's approved Department visiting application must be on file prior to visiting.

Visitors may have their names removed from a student's visiting list by making that request in writing. Once the name is removed, the visitor must wait six (6) months before applying to visit the same or another student. Exceptions may be made for immediate family members.

Visitors who require a reasonable accommodation for a disability must contact the visiting supervisor.

Visitation Orientation for the Madison Juvenile Correctional Facility

Visitation is a very important component of a Student's stay at M.J.C.F. It is important that parents/guardians continue to support the student and reinforce the positive changes being made. It is also important for parents/guardians, and the staff of M.J.C.F. to realize they are on the same team and have the same goal, which is to help the students leave the facility with an ability to succeed in the community. We encourage parents/guardians to visit, ask questions, learn about our program and be involved with the treatment of their child. Please feel free to contact your child's Counselor to ask questions, make comments, and stay updated on your child's progress.

If a parent/guardian has completed visitor orientation, this individual will not have to complete visitor orientation again unless the student has been released from the facility and has been gone for 6 month or longer before returning. This provision includes parents/guardians with a child that is released from the facility when another sibling could be admitted to the facility within that 6 month period.

Visitor Orientation is on Saturday & Sunday from 11:45 A.M. to 12:45 P.M.

Visitors List

In order to visit a student, the visitor must be on the student's visitors' list. The student has been given information on how to put someone on her visitor's list. If you are uncertain as to whether you are on the student's visitors list please contact the student you wish to visit. Do not call the facility for this information it cannot be given over the phone.

Liability

Visitors enter the facility and the visiting area at their own risk. The facility or the Department of Correction will assume no liability for any injuries or damage or loss of property as a result of a person entering the visiting area or any other area within the facility.

Trafficking

The giving or receiving of any item(s) to/from an student without the prior approval of staff shall be considered trafficking. Visitors caught trafficking with students shall be subject to arrest and criminal prosecution and the permanent denial of visits with any student under the jurisdiction of the Department of Correction. The only exception to this rule is that a visitor may purchase soft drinks or snacks from the vending machines in the visiting area and share them with the student. The student shall not be permitted to take anything out of the visiting area when the visit is finished.

Searches

All visitors entering the facility shall be minimally subject to a same gender "modified" frisk search by staff which shall include the breast and groin area being physically searched. With the visitor's consent, this search may be conducted by staff of opposite gender. Additionally, visitors entering visiting areas shall be subject to additional searches using metal detectors and ion scanning equipment. Specially trained search dogs (K-9s) may be used as a part of the search process both prior to a visitor entering the visiting area and in the actual visiting room during visits. Any person refusing to be searched at any time shall not be permitted to enter the facility and a visit may be terminated if a visitor refuses to be searched or contraband or prohibited property are found on the visitor or in the visitor's property. If a visitor does not wish to be searched either by hand or by using other means, the visitor should not attempt to enter the facility

Registration

Visitors must register with staff at the visitor processing desk prior to entering the visiting area. Visitors will be required to sign the entry log and be approved for the visit before they will be allowed to enter the visiting area.

Bodily Contact Between Students and Visitors

Visitors who have contact visits are allowed to shake hands, embrace, and kiss at the beginning and end of each visit. Kissing and embracing are not allowed during the actual visit. Students may hold hands with their visitors during the visit; however, there shall be no other contact between student and visitor.

Children who are too small to sit in a chair by themselves may sit on the lap of the student or the visitor during the visit. Visitors who bring children to the Visiting

Room are to be responsible for maintaining control of their children at all times. Children are to remain seated at the table with the rest of the visitors for the entire visit. Children are not to be passed around to people outside of the table of the student being visited. Visits may be terminated if the visitor does not properly supervise children brought into the Visiting Room.

Non-Contact Visits

Failure to follow Facility rules, belligerent behavior on the part of the visitor, trafficking, or other violations may result in the student and their visitors being limited to non-contact visitation; suspension of visiting privileges or termination of visitation privileges. The Superintendent makes the final decision regarding the implementation of non-contact visits, as well as suspension and permanent termination of visiting privileges. Students housed in the Special Management Unit who receive approved visits will have non-contact visits.

Visitation occurs on weekends and weekday nights when Administrative Staff are normally not present, therefore the Shift Supervisor will make the decision if the visit is to be terminated or modified in any way on the day of the visit. Decisions regarding permanent termination or modification of visits will be made by the Superintendent. If you have concern or questions regarding your experience visiting our facility, please address it with the student's Counselor.

Sex Offender Student Visitation

Students who have been convicted of sex crimes involving persons under the age of 18 years old may be denied visitation with any persons under the age of 18 years old. In these cases, the student shall be made aware of this restriction and may appeal the decision to deny these visits. Visitors should be aware of this restriction before attempting to bring persons under the age of 18 years old to visit.

Telephone Calls

Collect phone calls may be placed by students between 7 A.M. and 9 P.M. Your student's Counselor approves and changes all phone lists. All phone calls are collect. Initially students are only authorized to telephone their legal guardian while in the orientation unit. Once a student is assigned to her living unit, students may add anyone who is approved to visit (immediate family, including parents, grandparents and siblings) to the telephone list. When a student is approved to add to her visiting list, she may add the same person to her telephone list.

Identification Requirements

All visitors to the Facility who are 16 years or older must have a Picture Identification, or they will not be admitted to the Facility.

a valid driver's license from the state of residence

a valid state photo identification card from the state of residence

a valid photo military identification card (active duty only)

a valid passport

Dress Requirements

Visitors shall wear clothing that poses no threat to the security, custody or maintenance of order at the facility. The following standards are to be met:

1. Undergarments must be worn at all times.
2. Shoes must be worn, except for infants who are carried.
3. Tight fitting, such as stirrup, lycra pants, or leggings, shall not be worn.
4. Dresses, skirts, or shorts must be no shorter than two (2) inches above the knee and not have deep slits.
5. Halter or tank tops, tube tops, sheer, see-through, or low-cut clothing is not permitted.
6. All visitors must wear a **shirt/blouse** with sleeves.
7. No jewelry, except a wedding band or set, may be worn in the visitation area
8. Hats or other head coverings are not permitted, except as required by religious beliefs.
9. No heavy coats or sweaters will be permitted in the visiting area.
10. Articles of clothing (hats, belt buckles, shirts, etc.) that advertise alcohol or tobacco products, illegal substances, satanic, racial, gang references or have sexual implications of any type are not permitted.
11. Hats and sunglasses are not to be worn inside any building.

If there is any doubt about whether an article of clothing is appropriate, the visitor should ask prior to wearing it into the Facility.

Items Permitted in the Visiting Room

The following items are the only items that may be carried into the Visiting Room by visitors:

1. Identification
2. No more than \$20.00 in change (no bills) money shall not be given to students,
3. Personal keys

For babies only: one diaper and one bottle

Consumption of Food during Visits:

Visitors may purchase food and drinks for students to consume during visits from the vending machines in the Visiting Room only. Visitors may not access the vending machines in the Administration Building, and may not bring food in from outside (unless students have received the required points per token economy to be allowed this privilege). Parents/Guardian shall be notified via the telephone by the counselor when a student has achieved the required points for food items to be brought in. When this occurs food items purchased from **restaurants only** are allowed and are to be searched. Drinks cannot be brought in from the outside by visitors but are to be purchased in the visiting room. Students are not to handle money at any time. Students may be allowed during visits to walk to the vending machine to view the items in the vending machines. Students may not take any food items out of the Visiting Room upon completion of visits.

In order to provide an opportunity for students and their families to visit in a safe environment, the following rules for visitation have been implemented by the Indiana Department of Correction and the Madison Juvenile Correctional Facility. It is imperative that all visitors to this Facility abide by the rules for visitation, and failure to do so may result in suspension or termination of visiting privileges.

Visitors, including their person, personal property, and vehicles, while on Department of Correction property, are subject to search at any time. Failure to submit to a search will result in the visitor being required to leave Facility grounds immediately.

Visitors enter the Visiting Area at their own risk. The Department of Correction will not assume responsibility for injury or damage to property while on the Facility Grounds.

The exchange of any items or substance between visitors and students is considered Trafficking, and is strictly prohibited. Students may not give any item to their visitor, and visitors may not give any items, including pictures, telephone numbers, addresses, money, clothing food, etc., to any student. Trafficking is a violation of Indiana Statute, and is grounds for suspension and or termination of visits, and could possibly result in criminal charges being filed.

Visiting Restrictions:

1. Visitors may visit on Saturday, Sunday, Monday and Wednesday evenings and state observed holidays. All students are allowed one visit per designated visiting day. Family members are encouraged to communicate with each other to coordinate their visits.
2. Students are allowed up to four (4) approved visitors at the visit.
3. Visitors under the age of 18 must be accompanied by a parents or legal guardian at all times while on Facility Grounds.

4. Visitors who are suspected to be under the influence of drugs or alcohol will not be allowed to visit, and will be required to leave the Facility Grounds immediately.
5. Once a visit begins, no one else will be permitted to enter the visit.
6. Visitors will not be permitted to re-enter the Visitation Area once they leave.
7. Students who are admitted to the Special Management Unit are not eligible for visitation, without prior approval from the Unit Counselor.
8. Tobacco products of any type are not permitted on the Grounds or in any Building of the Facility. Smoking is prohibited on grounds, even in your personal vehicle.

Visitation Days and Hours

Visitors will be allowed 1 ½ hours long visits (exceptions to the 1 ½ time designated is the Special Management Unit for security reasons.)

Saturday & Sunday

8:00a.m. – 11:00a.m.
1:00p.m. – 5:00p.m.

Monday & Wednesday

6:30p.m. – 8:30p.m.

Students will also receive visits on observed state holidays.

Directions

If you plan to drive to the facility you may telephone the facility for the driving directions or you may check the Internet site for the Indiana Department of Correction (www.in.gov/idoc.) and find the directions under the name of the facility.

Termination of Visits

The Superintendent or designee may terminate a visit at any time if they believe that ending the visit is in the best interests of the safety and security of the facility or the persons involved.

Suspension of Visiting Privileges

The Superintendent may temporarily or permanently suspend a person's visiting privileges for violation of these rules, violation of Department of Correction or facility procedures, or if it is in the best interests of the safety and security of the facility or persons involved. In cases where a suspension is for 60 days or more, the visitor shall not be permitted to visit any student until the suspension has been lifted. Visitors shall be notified in writing of any suspension of visiting privileges and shall be permitted to appeal the suspension to the

Executive Director of Juvenile Services.

The Comprehensive Case Management System (CCMS) is divided into four phases: Intake, Growth, Re-entry and Aftercare. For the purposes of explaining the CCMS, "aftercare" is used interchangeably with "community supervision". Community Supervision is the service formerly referred to as "parole". To begin with we will go over the key players and the key tools used during the student's placement.

KEY PLAYERS

Administrative Review Committee (ARC): is made up of staff from administration; custody; treatment; and education. The ARC will vote on whether to promote the student to Transition, or maintain the student at level four of the Growth Phase.

Treatment Team: The Treatment Team is made up of all staff assigned to a particular unit including the custody staff, teachers, recreation staff, counselors, and psychology staff.

Parole Agent: DOC employee who supervises a mostly adult caseload, and some juveniles. Parole Agents carry very high caseloads.

Parole: (known as community Supervision when applied to juveniles). A function of the Department of Correction and a continuance of the student's commitment to the Department of Correction. It is the portion of the sentence or commitment that the student/student is allowed to do in the community, under the supervision of DOC employees and the courts are not involved.

Probation: A function of the court system. Probationers are supervised by court employees, and revocation or successful completion of Probation is determined by the court.

KEY TOOLS

Individual Aftercare Plan: IAP; The written plan which identifies services to be provided to the student during the Aftercare Phase.

Individual Growth Plan: IGP; The individual plan developed for each student that specifies how the needs, goals and strategies identified in the Intake Assessment Report will be addressed during the Growth Phase.

Individual Transition Plan: ITP; The written plan that identifies the Goals/Objectives to be addressed during the Transition phase.

Growth Phase: The Growth Phase consists of five levels, Orientation and levels one through four. During the Growth Phase, students are reviewed no less than once every thirty (30) days (currently every two weeks) by the treatment. During the review, specific expectations are presented to the student, who is present at the meeting, and those expectations are to relate to the requirements of each level. Goals and objectives are outlined for the student through the use of the Individual Growth Plan. Students may be given assignments, or other tasks to demonstrate their understanding of the requirements of each level. Students may only move level to level with a unanimous vote from the Team. Students may be demoted one level at a time if it is agreed by the Team that the student is not within the guidelines of the level they are currently on. Students DO NOT necessarily move up or down a level every time they meet with the Team. CCMS is individualized treatment, and each student will be expected to meet the goals and objectives set for themselves before they will be promoted to the next level. As the levels of understanding and ability vary from student to student, so will the goals and objectives. The following is a summary of what is expected on each level:

Orientation: During this level, students will familiarize themselves with the routine of the cottage, as well as the rules. They will meet with their counselor and be prepared for their first meeting with the Treatment Team.

Level One: Level one's main expectation is Acknowledgment. At this stage the team is looking for the student to honestly acknowledge that the issues that they had that led to their incarceration are problems that need to be dealt with. There is little expectation that there will be a great change in behavior at levels one and two.

Level Two: Level two's main objective is Understanding. During this stage, it is expected that the student will come to understand why they have the problems that they do, and also understand that changes need to be made.

Level Three: Level Three's main objective is Application. At this stage it is expected that students have learned new skills in regards to the way that they address issues and problems in their lives. It is expected that during level three students will begin to regularly use these new "pro-social" skills as an alternative to their previous methods of problem solving. It is expected that students will continue to struggle with these skills and consistent reinforcement from the Team is necessary. It is also expected that students will spend a longer amount of time on level three as they struggle with learning to apply new skills.

Level Four: Level four's main objective is Demonstration in New Situations. Level four students are expected to consistently demonstrate their new skills in the situations where they are comfortable, as well as new situations. Students may be eligible for trips off campus to different activities or may be put into positions requiring them to exhibit added responsibility. Once a student has

successfully completed the requirement of level four, and the Team has voted unanimously to promote, the student will be required to meet the Administrative Review Committee to be reviewed for promotion to Re-entry. The ARC will vote on whether to promote the student to Re-entry, or maintain them at level four of the growth Phase. If the student is not promoted, specific reasons will be given to the student, as well as interventions that will help the student prepare themselves to meet with ARC again. If the student is promoted, then they are immediately in the Re-entry Phase.

Re-entry Phase: Students promoted begin the Re-entry Phase will be required to develop an Individual Re-entry Plan with the help of the counselor and the Team. In general, the goals of re-entry are to prepare the student for release by addressing issues that the student will face upon release. Such issues may include school, neighborhood, family and choice of peers. Appointments are to be set at this time for ongoing needs such as mental health care and substance abuse counseling. Prior to a student being able to successfully complete Re-entry, the student must have completed at least eight hours of community service. Once the student has completed Re-entry Level to the satisfaction of the Team, and the Team has voted unanimously to promote the student to the Release Level, the student will again be required to meet the ARC. The ARC will again interview the student and review all documentation provided by the counselor and Team. The ARC will then vote as to whether or not the student may be released. Parents/guardians are also invited to this meeting and may express any concerns they have at this time. The ARC will either vote for release, or will vote to maintain the student on Re-entry level, giving the student specific recommendations on how to prepare themselves to come before ARC again. When a student is referred for release, the judge's letter is sent out. The student may be released the Monday following ARC. Releases are only done on Mondays, or Tuesday if Monday is a holiday. The reason for the time span between approval and release is because the facility is required by law to notify the committing judge of the impending release and to give the committing judge an opportunity to respond to the facility's decision to release.

Aftercare: Once a student is released from the facility, they will most likely be under parole supervision. There are some circumstances under which a student will be released from the facility with no further ties to DOC, and they are as follows:

Discharge – Because of a student's age (over eighteen) or other extenuating circumstances, a student may be DISCHARGED, meaning their commitment to the DOC has been satisfied, and they are no longer connected to the Department in any way. Age eighteen is not reason for an automatic discharge.

Court Release – Some students are here for what is known as a STATUS offense, meaning that the offense would not be an offense if they student was over eighteen (18) when the offense occurred, such as runaway, truancy, and incorrigibility. These students are quite often taken back into supervision under probation in the county from which they were committed.

Determinate Sentence – In certain cases, a student who commits a very serious offense (Homicide, carjacking, etc.) may be eligible for a determinate sentence. In these cases, the student is sentenced by the judge to a specific amount of time (i.e. one year, two years, until age twenty-one, etc.). In these cases, the student is required to do the amount of time sentenced, and then is released free of DOC supervision. Otherwise, all students are released to Community Supervision (parole), which is a function of the Dept. of Correction and does not involve the courts. Student may be supervised by either a Student Service Transition Specialist (YSTS), or a Parole Agent (descriptions of each follow), and will be supervised for an indeterminate amount of time. There are minimum time frames for parole or Community Supervision that are determined by the student's "risk" level when they are released. The minimum time for supervision for a student with a low or medium risk level is six months, and the minimum time of supervision for a high or very high risk student is twelve months. Once a student has satisfactorily met the requirements of Community Supervision (parole), a discharge can be REQUESTED by the supervising agent. A discharge request is filed with the DOC central office, and central office staff will decide whether or not a discharge is appropriate. A discharge form will be issued to the student thus ending their commitment to the Indiana Dept. of Correction. A student, who violates their Community Supervision, may have a Dept. of Correction warrant issued for their arrest, and they may be returned to the facility. Upon their return, the student will be required to meet with the Parole Committee (meets once per month) who will determine what will happen with the student. Possible outcomes include the following:

Sustain – student may be discharged from their commitment.

Continue on Parole – student may be returned to original placement, or placed elsewhere with another family member, group home, foster home, or out of state placement.

The parole committee is made up of three members, one from central office, and two from the facility. All students are represented by a public defender unless they choose not to be represented. The committee makes decisions based on a majority vote. Parents/guardians are also invited to this meeting.

Revised 5-09

OFFENDER TELEPHONE FAMILY OPTION PLANS

Advance CONNECT is the term that has replaced our former Advance Collect. - CBS (800.844.6591)

-There is a \$50.00 daily calling limit (high velocity/high toll) for all sites. This amount is reset DAILY.

-The Offender must still dial 1 for collect

-Based on credit history local intra/inter and/or all types of traffic

-Advance Connect and/or Collect calls (Local \$2.95 flat rate) (intra-lata 2.25 surcharge + .30 cents for the 1st minute then .30 cents each additional minute) (inter-lata traffic \$1.50 surcharge + .25 cents for the 1st minute then .25 cents each additional minute).

Called Party Prepaid (Phone Program) for offenders (Inter lata- Outside local calling area) Long Distant Calling Only

-25 cents a minute w/no sur-charge

-Is an account set up by the family members of the offenders that prefer to pay in advance resulting in calls w/no sur-charge. This will allow the offenders to place phone calls by selecting pre-paid (**offender will select #2 for pre-paid**). This is a 100% pre-paid account.

Note: If your family and/or friends are not outside the local calling area they will not qualify for the CALLED PARTY PRE-PAID. TPS/T-Netix Prepaid Calling Services

To set up a prepaid account with T-Netix, you can call 1-888-882-2325

*For all billing/blocking questions please contact Correctional Billing at 1-888-241-1290 or 1-800-844-6591

Correctional Billing Services (CBS) Fact Sheet

Types of Accounts

An end user who wishes to receive phone calls from an inmate needs to have an account set up with Correctional Billing Services.

A **LEC BILLED** account allows the collect calls you receive from the jail to be billed by your local phone company. Charges will show up on your monthly phone bill.

A **DIRECT BILLED** account allows you to be billed monthly directly from Correctional Billing Services. To set up a Direct Billed account, you will be subject to a credit check.

A **PREPAID** account allows you to fund an account in advance and manage how much money you would like to spend on collect calls. For example, if you wish to receive more calls, simply add more funds.

To establish and maintain a prepaid account contact customer service at **800-844-6591**. You can use our automated system or speak to a Customer Service Representative using a credit card or check. Western Union Quick Collect and payments by mail are also available. We also accept money orders, cashiers checks and other forms of guaranteed payments.

Account Information

Each account is assigned a **payment verification point (PVP)**. This is your spending limit for a rolling 90 day period. If you exceed your PVP within the 90 days the line will be blocked from receiving calls until the earlier calls have dropped off. You will receive an automated COURTESY CALL when you near 75% of the PVP.

Note: If you would prefer not to have a PVP or the 90 day timeframe, we recommend using a **PREPAID** account. You can avoid interruption of your service and control costs at the same time with our Prepaid accounts. By paying for your calls in advance you can manage your spending and ensure that the line is open so long as funds are kept in the account.

For your protection we have placed a \$50.00 limit on the total cost of calls that may be accepted within a 24 hour time period. This is called a **HIGH VELOCITY** restriction. You may be able to have this restriction lifted by calling CBS and doing one of the following:

You can pay the unbilled charges that have not already been sent to your local phone company via credit card (if available).

If you are directly billed by CBS, you can make a payment by speaking to a Customer Service Representative or sending your payment through Western Union.

Blocks

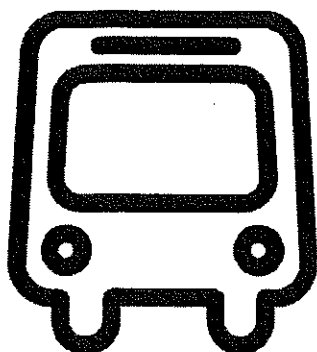
Blocks may occur on a line for a variety of reasons.

LEC block = also known as a **Collect Call Restriction**. The carrier (local phone company) will not allow you to receive collect calls, either due to your chosen features on your phone line, or due to billing reasons.

Unbillable or Uncollectible = Calls have been returned from the Local Phone company because the end user hasn't paid the charges or owes money.

High Toll (see above in Account Information) = the account has reached the PVP (Payment Verification Point, or Spending Limit) in a rolling 90-day period.

High Velocity (see above in Account Information) = there have been \$50 worth of calls within a 24-hour period.



ATTENTION!

Looking for dependable, clean and affordable transportation to visit your loved one at the Madison Juvenile Correctional facility?

Reign Transportation, LLC will begin providing transportation services from Indianapolis, IN to Madison Juvenile Correctional Facility beginning October 21st.

Transportation for October thru November 2009 visits can be scheduled for the following dates:

Wed., October 21stTime TBD
Sat., October 31stTime TBD
Wed., November 18thTime TBD
Sun., November 29thTime TBD

If you would like to schedule transportation or for more information, please call *Reign Transportation* at (317) 336-1600.

Seating is limited & wheelchair accessible vans are available!